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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/341,701 01/14/2003 PAT 7,025,783 which claims benefit of 60/348,705 01/14/2002
 and claims benefit of 60/372,309 04/12/2002 *[Signature]*

**** FOREIGN APPLICATIONS *******

None *[Signature]*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 01/16/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>[Signature]</i> Allowances <i>[Signature]</i>				

ADDRESS

33357

TITLE

MULTI-MECHANISTIC ACCOMMODATING INTRAOCULAR LENSES

FILING FEE RECEIVED 2898	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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